Royal Brompton & Harefield NHS
NHS Foundation Trust

Quality account 2012-13

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About the Trust

Royal Brompton & Harefield NHS Foundation Trust is the largest specialist heart and lung centre in the UK and amongst the largest in Europe. We work from two sites, Royal Brompton Hospital in Chelsea and Harefield Hospital near Uxbridge. As a specialist trust our doctors, nurses and other healthcare staff are experts in their chosen fields and we are known throughout the world for our expertise, standard of care and research success.

We offer some of the most sophisticated treatment that is available anywhere in the world and treat patients from all over the UK and around the globe. Over the years our experts have been responsible for several major medical breakthroughs – such as performing the first combined heart and lung transplant procedure in Britain, implanting the first coronary stent (to unblock an artery) and founding the largest centre for cystic fibrosis in the UK.

Some useful facts about the Trust:

- In 2012-13 we cared for over 144,000 patients at our outpatient clinics and more than 33,000 patients of all ages on our wards.
- We are Europe's top-ranked respiratory research centre and our cardiac, cardiovascular and critical care teams are rated in the top three most highly cited health research teams in Europe.
- Our Heart Attack Centre at Harefield Hospital has pioneered the use of primary angioplasty for the treatment of heart attacks and has one of the fastest arrival-to-treatment time in the UK, a crucial factor in patients' survival.
- Europe's largest unit for the treatment of cystic fibrosis is based at Royal Brompton Hospital.
- Our on-site foetal cardiology service enables clinicians to begin caring for babies while still in the womb; many are scanned at just 12 weeks, when the heart measures just over a millimetre.
- The VAD (artificial heart) programme at Harefield Hospital is one of the world's most established programmes with a long history of clinical and scientific excellence.
- We are the country's largest centre for the treatment of adult congenital heart disease.
- The cardiac catheterisation laboratory at Harefield is one of the most advanced facilities of its kind in Europe. The state-of-the-art equipment includes a remote-controlled robot that uses high-tech 3D mapping enabling precise catheter manipulation and the reduction of exposure to X-rays for patients and staff.
- Every year we help over 8,000 adults who have breathing problems caused by diseases such as COPD (chronic obstructive pulmonary disease) and severe asthma.

- We provide specialised care for patients with suspected or diagnosed cancer affecting the chest (thoracic oncology). We have a specialist 'lung laser' device which uses a special wavelength laser beam to assist the surgeon in removing tumours from patients' lungs with minimal damage to neighbouring healthy lung tissue.

What is a quality account?

A quality account is an annual report produced for the public by NHS healthcare providers about the quality of services they deliver. All NHS providers strive to achieve high quality care for all, and the quality account provides the Trust an opportunity to demonstrate our commitment to quality improvement and show what progress we have made in 2012-13. The quality account is a mandated document which is laid before parliament before being made available to the public on NHS Choices website.

What is included in a quality account?

The quality account is a mandated document that contains specific mandatory statements and sections. These statements cover areas such as our participation in national audits, research activity, and our registration as a healthcare provider with the Care Quality Commission (CQC).

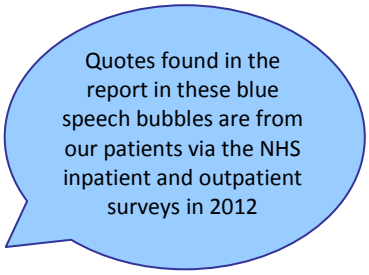
There are also three areas that are mandated by the Department of Health (DH) which give us a framework in which to focus our quality improvement programme, these are patient safety, patient experience and patient outcomes. To identify the Trust quality improvement priorities, for 2012-13 and 2013-14 and to reflect the priorities of our patients, the public, staff, and people we work with, there was a voting system. People were asked to choose the topics that were most important to them that fell within the three areas mandated by the DH.

The section on the Trust's quality priorities highlight:

- the areas identified for improvement for 2012-13
- what the priority was
- how we performed against the targets
- and what that means for patients

There is also a section on the quality priorities that have been identified for improvement projects in 2013-14.

There is a glossary at the back of the account which lists all abbreviations included in the document with a brief description of the term. You will also find blue speech bubbles and text boxes throughout the account with comments from the inpatient and outpatient surveys in 2012.



This is a "what is?" box.
It explains or describes a term or abbreviation found in the report

Statement of directors' responsibilities

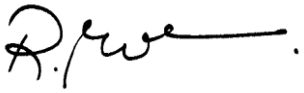
The directors of Royal Brompton & Harefield NHS Foundation Trust have prepared this Quality Account 2012-13, as required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010.

The directors are satisfied that:

- the content of the Quality Account meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2012-13;
- the content of the Quality Account is consistent with internal and external sources of information including:
    - board minutes and papers for the period April 2012 to May 2013
    - papers relating to quality to the Board over the period April 2012 to May 2013
    - feedback from the commissioners dated 21/05/2013
    - feedback from governors dated 10/05/2013
    - feedback from Local Healthwatch organisations 10/05/2013
    - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 24/04/2013
    - the national inpatient survey 2012
    - the national staff survey 2012
    - the Head of Internal Audit's annual opinion over the Trust's control environment dated 16/04/2013
    - CQC quality and risk profiles dated March 2013
- the Quality Account presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitornhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Account (available at www.monitornhsft.gov.uk/annualreportingmanual).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board



Sir Robert Finch
Chairman
28th May 2013

Robert J Bell
Chief Executive
28th May 2013

Part 1: Chief executive statement

Royal Brompton & Harefield NHS Foundation Trust help patients of all ages who have heart and lung problems. From the moment they arrive, our patients become part of a community of people who have benefited from more than 160 years of expert diagnosis, treatment and long-term care. Our care extends from the womb, through childhood, adolescence and into adulthood and, because this is a specialist trust, patients come from all over the UK, not just from our local areas.

We are committed to providing patients with the best possible specialist treatment for their heart and lung condition in a clean, safe place, ensuring that evidence-based care is provided at the right time, in the right way, by the right people.

Our mission is to be 'the UK's leading specialist centre for heart and lung disease'. The Trust will achieve this mission by a strategy of focused growth in aspects of heart and lung treatment, particularly in congenital heart disease, arrhythmia, advanced lung diseases and heart failure. We have set three strategic goals to ensure we achieve this:

- **Service excellence**
- **Organisational excellence**
- **Productivity and investment**

These goals are underpinned by key objectives and values, of which the most important is **to continuously improve the patient experience**.

To achieve this we have established a robust system to ensure that we are accountable for continuously monitoring and improving the quality of our care and services. Our highly skilled workforce is dedicated to pursuing the best outcomes for patients through research into new treatments and therapies and delivery of excellent clinical care.

The period from 1 April 2012 to 31 March 2013 has been the third full year in which the organisation has operated as a Foundation Trust. During the year, the Trust has achieved most of the governance targets and indicators set out in the Compliance Framework issued by Monitor except for the indicators relating to the 18 week Referral to Treatment time (admitted patients) target, and the *Clostridium difficile* objective. Both of these target failures were forecast in the Forward Plan submitted to Monitor. The Trust continues to be registered by the Care Quality Commission without conditions.

Significant events for 2012-13:

- Both hospitals were inspected by the Care Quality Commission and found to be fully compliant with the standards assessed. Harefield Hospital was inspected on 20th June 2012, and the Royal Brompton Hospital was inspected by the Care Quality Commission (CQC) on 30th January 2013.
- In April 2013, the Care Quality Commission published the results of the 2012 adult in-patient survey. The survey showed improved results from the previous year, with the Trust being rated in the top category for 53% of the questions, when compared with all other hospitals across the country. In particular, we scored highly on offering a choice of food, patients having confidence and trust in doctors and patients stating that they had an overall positive experience. This is underpinned by our early results in the Friends and Family Test, which suggest that 95% are likely, or extremely likely to recommend us to friends and family.
- The Trust has been working closely with its commissioners at both local and national level. Excellent links have been built up and there is now a Clinical Quality Group in

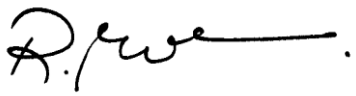
place, where information about the quality of our services can be discussed with our commissioners.
- During 2012-13 the Trust has continued to develop the process for production of the Quality Report and has taken steps to ensure that key stakeholders have been involved in the choice of quality priority areas for 2013-14.

The Trust remains committed to the provision of high quality services for patients of all ages. The Trust intends to develop its services, and premises, in the future to ensure on-going delivery of this commitment.

Despite an impressive record in quality and safety, we are not complacent; weaknesses are dealt with promptly and openly so that better and safer systems of care can be developed.

In 2012-13, our external auditors reviewed three of the indicators reported in this Quality Report to assess data quality. These were: 62 cancer waits, Clostridium difficile, and patient safety incidents resulting in severe harm or death. Attention is drawn to the commentary made by our external auditors with regards to the reporting of patient safety incidents resulting in severe harm or death, on page 28.

Signed by the chief executive to confirm that, to the best of his knowledge, the information in this document is accurate.



Robert J Bell
Chief Executive
Royal Brompton & Harefield NHS Foundation Trust 28th May 2013

Part 2: Review of quality priorities for improvement

Part 2a: Quality priorities for improvement 2012-13

In this part of the report, we tell you about the quality of our services and how we have performed in the areas identified for improvement in 2012-13. These areas for improvement are called our quality priorities and were identified in 2012 via an online vote. One of the priorities was Commissioning for Quality and Innovation or CQUIN measures (see part 3 for more information). The priorities fall into three areas of quality as mandated by the Department of Health: patient safety, patient experience and patient outcomes, and we are required to have a minimum of one priority in each area.

Patient safety

The Trust has prioritised patient safety and is always striving to improve. In 2012-13 we had two quality priorities which focused on improving patient safety. One of these focussed on advice and information on medications. The other priority was ensuring the effective content and organisation of paper-based notes.

What is patient safety?

Patient safety is ensuring we treat and care for people in a safe environment and protecting them from avoidable harm (DH definition)

Quality priority one

Advice and information on medications

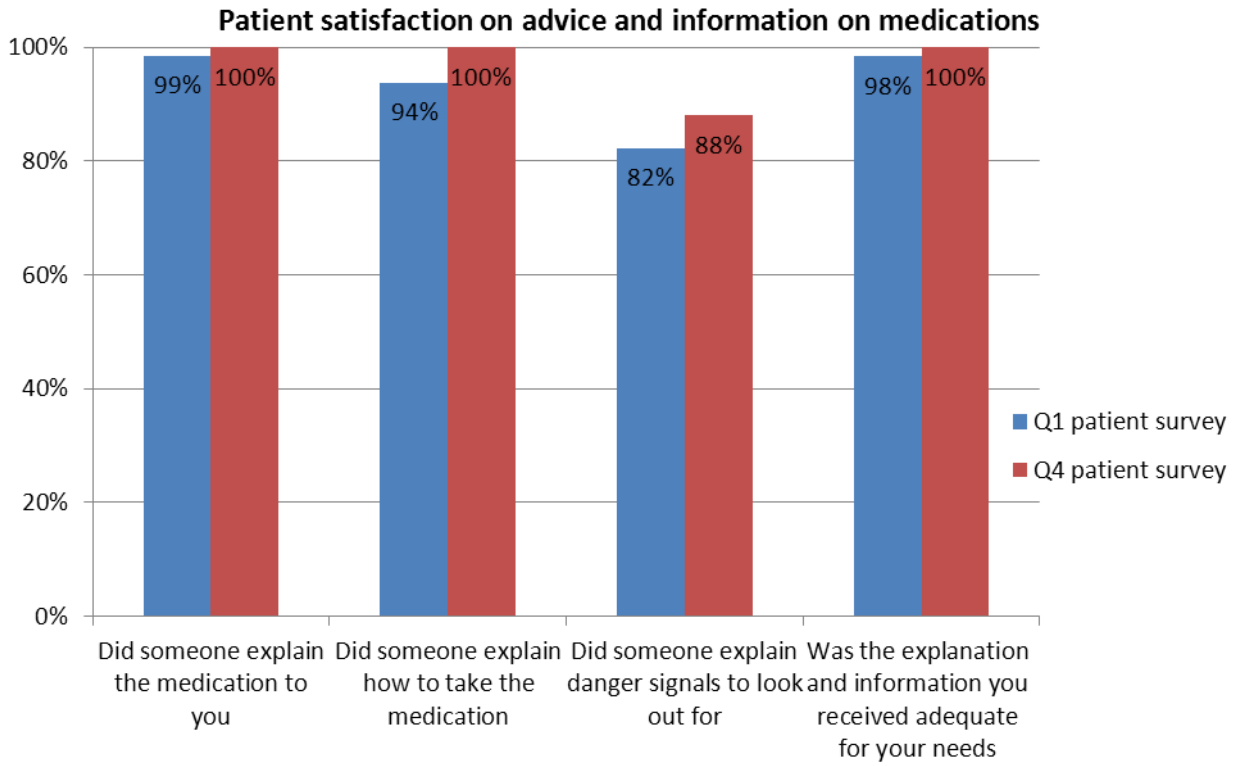
What was the issue? In the patient surveys our patients told us that they did not always feel fully informed in relation to their medications and how to take them. This priority established which aspects of medication patients would like more information on.

More should be done to make very clear the medication regime purpose & dosage as so much can go wrong if a patient takes the wrong drugs at the wrong time.

The vast majority of patients surveyed indicated that they were informed about their medication and judged the level of information to be adequate for their requirements. There were 14 patients who stated they did not receive an understandable explanation about side effects and/or danger signals to look out for. By site, this constituted 36.4% of RBH respondents and 14.3% of HH respondents, with most reporting that the explanation was delivered by a pharmacist or nurse.

In response to the results from patient surveys the pharmacy department launched updated clinical ward pharmacy guidelines which include recommendations to explicitly counsel patients on potential side effects of their prescribed medicines wherever possible.

In Quarter 4 we carried out another patient survey to see if the changes that had been implemented had an effect. In this survey 100% of patients reported that someone had explained the medication to them, and told them how to take the medication. 100% of patients reported that the explanation and information they received had been adequate for their needs. The following graph compares the quarter 1 and quarter 4 patient survey results.



What does this mean for patient safety? It is important that not only patients, but also the family/carers/advocates are aware of how medications should be taken. Understanding what to expect when taking medications, has been shown to improve compliance; so taking the time to explain clearly to patients and their families/carers is an important part of ensuring our patients continue to receive the best care even after discharge.

Following on from this, the Trust will continue to focus on the explanation of danger signals in 2013-14 and we will re-audit this area to monitor improvement.

Quality priority two

Effective content and organisation of paper-based patient records

What was the issue? Every patient seen at the hospitals as an inpatient or outpatient has a unique set of paper records. Although the Trust is using electronic patient records for many aspects of healthcare, the paper records are still an important source of clinical information. Previous reviews of patient records have shown them to be in varying states of organisation and tidiness. Unsecured or disordered records are considered a risk. This project focussed on three specific aspects from the Royal College of Physicians guidance on records[1]:

- Are there unsecured papers?
- Are the clinical hand-written entries legible?
- Is there written evidence the patient has had contact with their consultant during their admission?

[1] http://www.rcplondon.ac.uk/projects/developing-record-standards

What did we do? Baseline data was collected from a monthly sample of paper based records across the Trust of patients who had died. The records were then examined as part of routine mortality review process. For unsecured documents within the records a zero tolerance standard was set; for legibility overall compliance was down to the reviewer. For legibility and consultant review, the most recent admission was assessed.

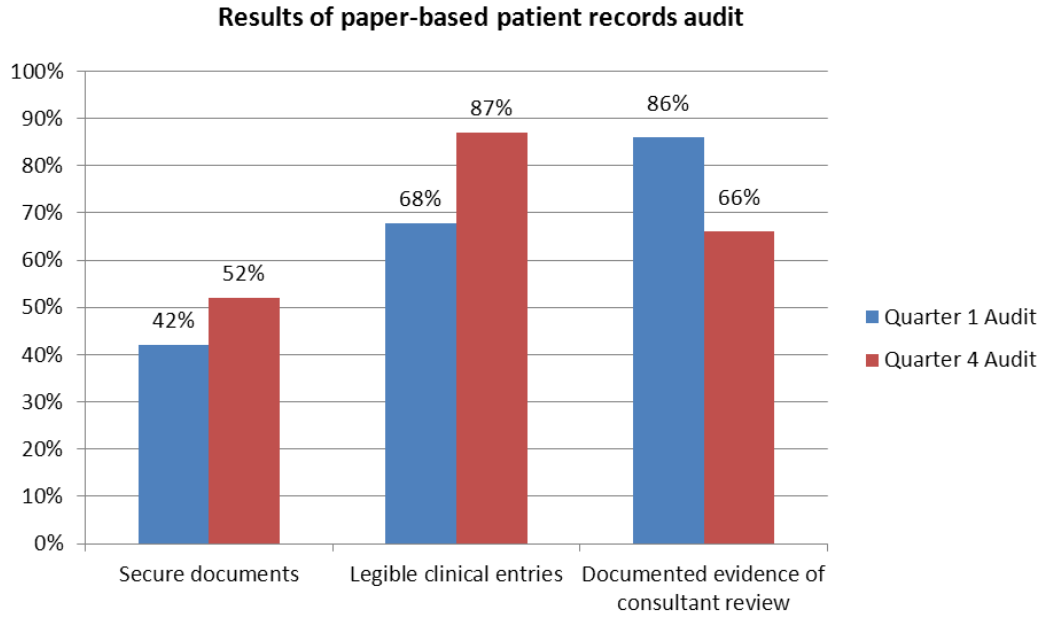
On both sites unsecured documents in patient records was a common problem. The results from the audit were then publicised across the Trust and actions taken to make improvements. Although the general state of records is the responsibility of all staff, the focus for the priority was on staff groups who handle a high volume of records on a regular basis.

The following specific actions have been instigated to highlight staff responsibilities in relation to records and to improve the physical state:

- new medical staff are being reminded about the importance of legibility of their documentation at junior doctor induction;
- the clinical records manager now has a regular slot at staff induction to highlight the importance of good record-keeping;
- a new process has been implemented to ensure loose documents received by the clinical records department are filed directly into the records as soon as possible;
- loose documentation received for filing is being scanned in preparation for upload directly onto the Electronic Patient Record rather than filing in the records.

When the above actions had been implemented across the Trust, we carried out Trust-wide documentation audit to assess the records against standards set by the Royal College of Physicians.

The audit looked at 240 sets of paper based patient records, covering all specialties, and assessed them against the Royal College of Physicians standards for clinical entries, tidiness and order. The graph below shows the average result from the two audits, carried out in quarter 1 and quarter 4 of paper based records.



What does this mean for patient safety?
When a patient comes to the hospitals to be admitted, it is essential that the paper records are in good order for the doctor and the rest of the clinical team to review. It enables the teams to be informed of the patient's past and current health status. In order for necessary information about a patient to be available, all paperwork needs to be attached to the patient file, and written in a legible format. Unsecured and disordered records are considered a risk.

In two of the three areas we looked at there were improvements in the results from quarter 1 to quarter 4 comparison audits. Firstly, there was a decrease in the number of documents with unsecured documents and secondly there was an increase in the number of legible written entries. The area where there was not an improvement was documented evidence of consultant review. We are confident that as a Trust patients are reviewed by consultants during their admission to hospital, but it is not being clearly documented by junior doctors in the patient casenotes.

There will continue to be a focus on this area in 2013-14 to continue improvement. As the Trust moves towards an electronic patient record, there will be less information filed in the paper records, which will minimise the unsecured documents, and there is going to be additional training for junior doctors around documentation and legibility of handwritten entries added to the junior doctor induction programme. This will include ensuring that consultant review is documented more clearly in the notes.

Patient experience

There was one priority that was chosen that focussed on patient experience. A positive patient experience means patients receiving good treatment in a comfortable, caring and safe environment, in which they have the information to make choices. The Trust has looked at effective communication with patients as part of the patient experience priority.

Quality priority three

Effective communication with patients

What was the issue? Results from the inpatient survey[2] indicated that our patients felt we could communicate better with them when it comes to providing information on tests and treatments, when to expect results and so on. In response to this feedback, this priority focussed on two aspects, one for outpatients and one for inpatients.

What did we do? For outpatients, we looked at improving the communication about tests and treatments to ensure patients are informed why they are having the test, what the test involves, and when the results of the tests can be expected.

For inpatients, we focussed on patients whose treatment plan is discussed at a multidisciplinary meeting (MDT), where a group of specialists from different healthcare professions discuss and agree on the best treatment for each patient. Once the decision is made, patients are then advised about the discussion and where appropriate admitted for

What is patient experience?

Patient experience is ensuring people have a positive experience of care (DH definition)

What is an MDT meeting?

An MDT meeting involves healthcare professionals with different areas of expertise discussing and planning the best care and treatment option for specific patients.

[2] National NHS inpatient survey 2011

treatment. Patient feedback told us that although patients are told they will be discussed at a meeting they were not always informed of the outcome and are unsure what their treatment plan will be. This priority built on one of the 2011-12 priorities where we implemented a monitoring process to record electronically all patients discussed at cardiac, thoracic and lung cancer surgery MDT meetings.

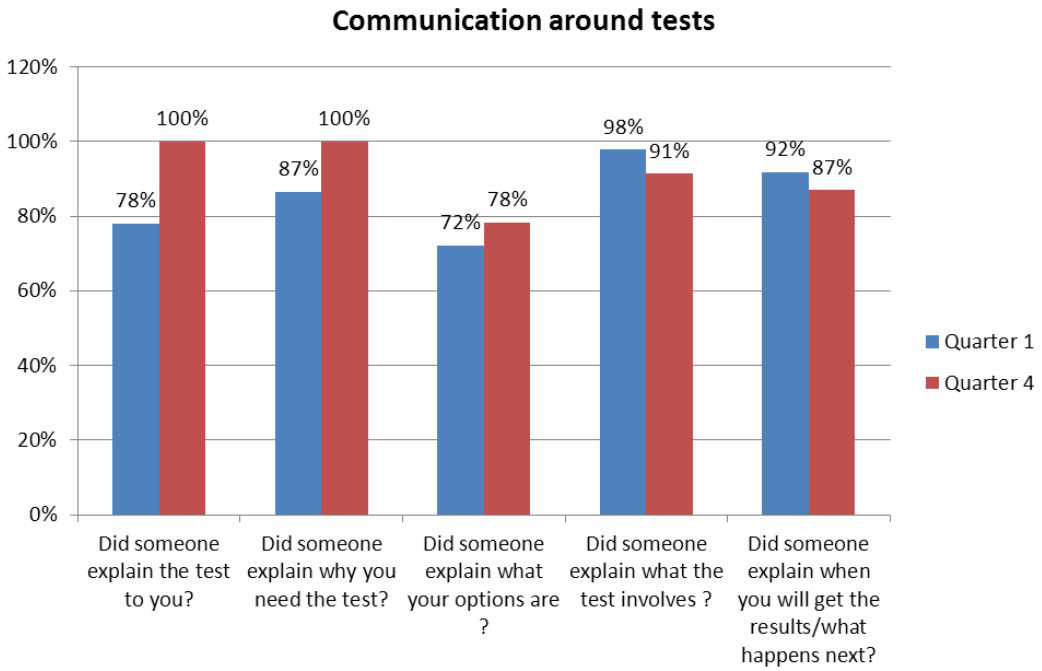
Part one - outpatients

Outpatient data was collected in the form of patient feedback during outpatient appointments. The feedback form focused on what information was received by patients and who delivered the information. It also captured whether their experience had met their expectations. In quarter 1, feedback was collected from patients on paper forms whilst attending their outpatient appointment or electronically following the appointment. 95.4% of patients reported their experience met their expectations with many positive comments received.

In quarters 2 and 3 the results of the audit were fed back to the outpatient departments who cascaded the findings to their teams. The results were also publicised across the Trust, and new medical staff were reminded about communication methods with patients via junior doctor induction.

Excellent staff carried out my test, good communication....

In quarter 4, feedback was collected again from patients on paper forms whilst attending their outpatient appointment or electronically following the appointment. This focused on what information was received by patients and who delivered the information. It also captured whether their experience had met their expectations. Responses were received from 78 patients across both sites. Of these patients, 47 stated they had a test but not all respondents answered all the questions. 21 patients considered the questions not to be applicable to them as having had the same tests on numerous occasions previously they did not require any explanation. 88.3% of patients reported their experience met their expectation.



What does this mean for patient experience?

The work undertaken this year resulted in a consistently high standard of ensuring patients have the reasons for tests explained. However, further work is required to ensure we are consistently explaining to patients what the test involves, whether there are alternative options to the test, what will happen after the test and how they will get the results. Therefore in 2013-14 there will be ongoing work with this project, and we will carry a spot check audit of this area as part of the ongoing project.

Part two - inpatients

For the inpatient project, we continued to monitor how many patients were discussed at an MDT meeting and then measured how many of these patients had a letter sent to them within a set period of time. The year-end aim was to ensure that all patients that were on the agenda for discussion were discussed and followed a care plan throughout 2012-13.

This project focussed on the joint cardiac and cardiology (JCC) MDT meeting. Patients who are discussed at JCC have one of the following decisions made:

- to proceed to cardiac surgery
- to proceed for primary coronary intervention (PCI)
- to be medically managed
- inoperable
- for further discussion

What is a PCI?

This is often known as coronary angioplasty or simply angioplasty.

It is a procedure used to treat the narrowed coronary arteries of the heart found in patients who have a heart attack or have angina.

We collected data from this MDT from April 2012 through to March 2013. A total number of 273 patients were discussed, and we were able to confirm from Trust systems that all patients had followed the care plan that was agreed as most appropriate for them at the meeting. All patients received a letter from the Trust detailing the next step in their care. On average letters were sent to the patient within 1-2 weeks.

What does this mean for patient experience?

Having a treatment plan discussed between doctors from different specialties ensures the most appropriate treatment is being individualised for each patient. The project this year has demonstrated that robust processes are in place when patients are discussed at MDT meetings and patients are kept informed as to the decision made at the meeting, the patient is then able to share this information with family and carers. The results from the inpatient survey 2012[3] also indicate that there has been an improvement in communication with patients when the 2011 and 2012 results are compared. Particularly response to the following question:

- when you had an important question to ask a doctor did you get answers that you could understand?
- when you had an important question to ask a nurse did you get answers that you could understand?

[3] National NHS inpatient survey 2012

Patient outcomes

Patient outcomes look at the patient's health as a result of the treatment and care they received. The Trust looked at two priorities as part of patient outcomes, which were patient related outcome measures (PROMs) and the effective management of complications.

Quality priority four

Participation in national Patient Reported Outcome Measures (PROMs)

What was the issue? Collecting information from PROMs tells us how our patients feel before and after they have treatment or a procedure. Although we already collect clinical information on how patients recover after a procedure, PROMs data complements this by telling us how the patient feels the treatment or procedure has impacted on their condition. The Trust has developed some PROMs to use locally, as well as participating in the new national pilot PROM for cardiac revascularisation, which is the only national PROM applicable to our care. The new PROM focussed on patients who undergo procedures for cardiac artery grafting and unblocking the arteries of the heart (called coronary artery bypass grafting and angioplasty or revascularisation).

What are patient outcomes?

Patient outcomes look at the patient's health as a result of the treatment and care they receive e.g. if the patient suffered any complications following surgery (DH definition).

What did we do? The Trust participated in the national pilot which ran from November 2011 to December 2012 which focused on patients who undergo heart revascularisation procedures. Overall the Trust distributed 426 questionnaires to patients, the project applied to all Trust patients undergoing planned angioplasty and coronary bypass grafting. Patients received a questionnaire when they attended their pre-admission clinic appointment (or if not then when they were admitted to hospital). The questionnaires were completed and returned to staff who submitted the completed forms on a monthly basis. The patients who completed the first questionnaire were then sent a post-procedure questionnaire by the national PROMs team six months later. The data from the first questionnaire was compared to data from the second questionnaire to see how patients, from their point of view, felt about their health and the effectiveness of the procedure afterwards.

What does this mean for patient outcomes?

Patient experience of treatment and care is a major indicator of quality and there has been a significant increase in the development and application of questionnaires, interview schedules and rating scales that measure states of health and illness from the patient's perspective. Patient-reported outcome measures (PROMs) provide a means of gaining an insight into the way patients perceive their health and the impact that treatments or adjustments to lifestyle have on their quality of life.

We successfully participated in the PROMs pilot across both hospitals we recruited 426 patients to the project. Currently we are awaiting published data back from this project, it is likely that this pilot will become an on-going project, and will we continue to take part when it restarts.

Quality priority five

Managing complications effectively

What was the issue? The Trust is constantly striving to reduce the number of patients who experience a complication after treatment or a procedure but complications can still occur. The Trust strives to ensure that when complications do occur they are managed effectively for the patient.

There were complications, but the support the staff provided made me feel I was part of a new family whose care & compassion aided my recovery. They were amazing.

What did we do? In 2012-13 the Trust used an NHS improvement tool called the 'safety thermometer'[4] to measure, monitor and analyse patient harm and local improvement. The tool is being used to measure the following topics:

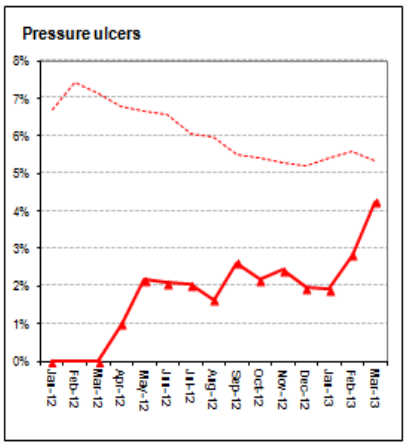
- pressure ulcers
- urinary tract infection (UTI) with catheter in situ
- venous thromboembolism
- patient falls
- catheter-related urinary tract infections
- harm free care- this means the absence of any of the above for a particular patient

The above tool was used to monitor the prevalence of the above complications on a specific day each month on each ward. The following graphs show how the Trust compares with national benchmarks for the specific topics.

The solid line on the following graphs show the data for the Trust, the dashed line represents the national figures for the specified areas.

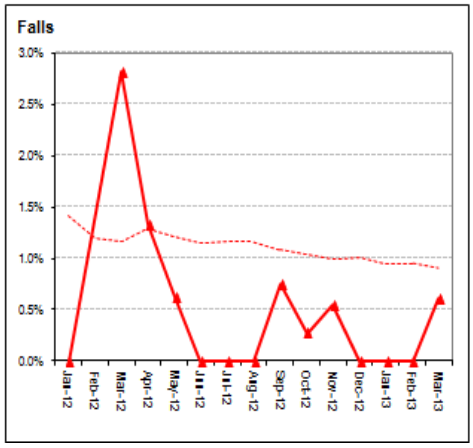
[4] NHS Safety Thermometer http://www.hscic.gov.uk/thermometer

The solid line on the following graphs show the data for the Trust, the dashed line represents the national figures for the specified areas.



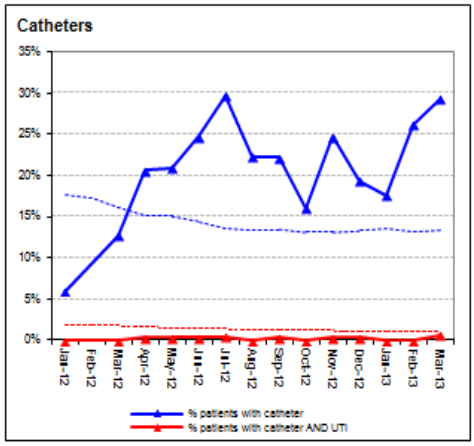
Pressure Ulcers

The above graph shows that the Trust is below the national rate for pressure ulcers. Further work will be undertaken during 2013/14 in order maintain focus on this topic and to ensure that avoidable harm is minimised.



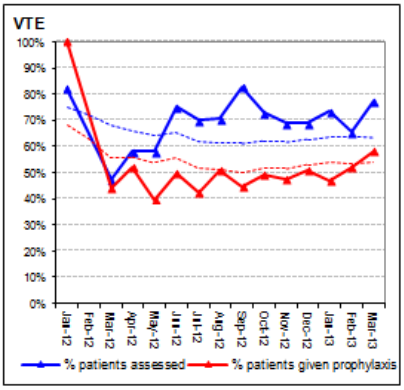
Falls

Although there was a spike in this graph for March 2012, since then we have been either at the national rate for falls or below the national rate.



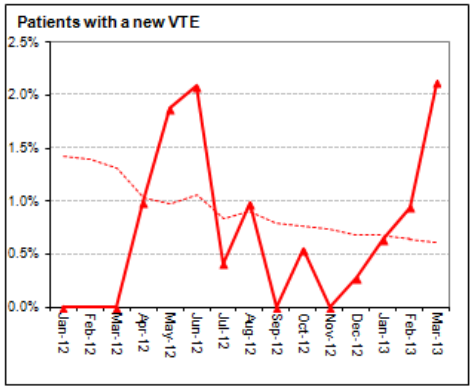
Catheters

The line that is above the national average rate shows that the Trust has many more patients with a catheter in place than other hospitals. As a specialist Trust we see many there are many more patients than usual that need catheters. In spite of this, we remain below the national average for the number of patients with a catheter in place with a urinary tract infection (UTI).



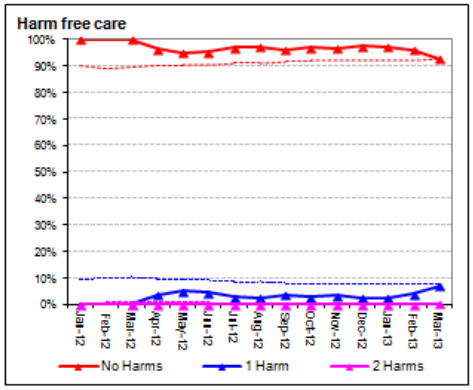
Venous Thrombo-embolism (VTE)

The above graph shows that for the past 9 months we have consistently assessed more patients for VTE than the national average rate. The Trust has been similar to the national rate to providing prophylaxis (preventative measures).



Patients with new VTE

Overall, the Trust has very low rates of patients developing new VTE, which explains the inconsistent results on the graph – as every new VTE represent a high % increase.



Harm Free Care

The Trust has had a period of over 12 months where we have consistently been better the national rate for harm free care. The Trust has not recorded any patients with more than 1 harm for a whole year.

What does this mean for patient outcomes?

The goal of the safety thermometer is to help hospitals measure the number of patients suffering any of the above complications. Once measured, it allows clinical data to be used for improvement work within the Trust, and allows us to compare ourselves to other hospitals, so we can constantly strive to reduce the rate of patient harm from these complications.

The safety thermometer is a tool which we will continue to use next year, and we will use as part of monitoring pressure ulcers as part of our quality priorities for 2013-14, and also as a CQUIN measure.

What is a CQUIN measure?

CQUIN is a payment framework that enables commissioners (who pay us for providing services) to reward excellence by linking a proportion of the Trust's income to the achievement of local quality targets.

Part 2b: Care group reports

In 2007 the Trust moved from having clinical departments and directorates to having care groups within 2 main divisions – heart and lung. This part of the report gives each care group the opportunity to show you where they feel they have improved quality this year. This may be a piece of work or a project or related to their practice where it is reflected in the patient outcomes.

Heart division

Cardiology

During 2012-13 there was a significant change in admissions policy for Cardiology at Royal Brompton Hospital. This involved acute admissions being made directly to Royal Brompton Hospital (RBH). The London Ambulance Service (LAS) began bringing patients with heart rhythm problems directly to an Arrhythmia Centre, rather than to an Accident & Emergency department. There are only 4 accredited arrhythmia receiving centres for this service in North London as part of the initial 6 month pilot phase.

The Trust is also one of four centres participating in the Non ST elevated acute coronary syndrome 6 month pilot where LAS is bringing patients directly to RBH rather than the Accident & Emergency Department.

There has been significant investment in Harefield Hospital during 2012-13. Developments have included:

Acorn Ward – this ward has had an investment of £2m, which increased ward bed capacity by 18 beds. This was delivered in time to start welcoming patients in April 2012.

Cherry Tree Day-Case Unit –a dedicated facility has been created comprising 16 day-case beds.

The combined effect of these two projects has been to increase elective inpatient and day-case activity by 15%.

Fourth Cardiac Catheter Laboratory – following on from the success of opening a new cardiac catheter laboratory equipped for electrophysiology in 2011, another new state of the art cardiac catheter laboratory was opened in June 2012. This new equipment has reduced exposure to X-radiation and has increased the overall capacity of Harefield Hospital to undertake cardiac catheterisation procedures.

Other service developments for 2012-13 have included:

Cardiomyopathy

The cardiomyopathy service at Royal Brompton Hospital has been restructured to provide expanded capacity and to deliver a day case model (Imaging & Consultation) to all new patients. The adult day-case clinics and the entire paediatric cardiomyopathy service were relocated to the Biomedical Research Unit (BRU) and an additional consulting room has been built in the BRU to ensure there is the capacity to support the reconfigured service. Further benefits following the restructure, include the ability to use the clinical genetics service to analyse family histories and family trees.

What is Cardiomyopathy?

Cardiomyopathy is disease of the heart muscle.

Syncope

The syncope service is a brand new service to the Trust and has completed its first year of operation. Two syncope specialist nurses were appointed and a new syncope and autonomic testing unit with tilt table was established on Paul Wood Ward in April 2012. This service has drawn in new referrals and repatriated diagnostic testing to the Royal Brompton Hospital. As well as rapid assessment, diagnostics and management of patients with unexplained transient loss of consciousness, the service offers direct access for patients and referrers to nurse specialists via email and mobile phone. The service also extends to paediatric patients. It is a cross site service which brings together Royal Brompton and Harefield Hospitals in a service with shared high quality standards. The service is led by a consultant cardiologist and an electro-physiologist. To date, the autonomic testing service has seen over 350 new patients.

What is a syncope?
Fainting (syncope) is caused by a temporary reduction in blood flow to the brain.

Adult ECMO Service

The adult ECMO (Extracorporeal membrane oxygenation) service has cared for increasing numbers of patients with severe but potentially reversible respiratory failure. The service is primarily responsible for patients in South West England, although in practice referrals are made from throughout the United Kingdom including Northern Ireland. The Trust has led the development of quality indicators for all five national centres. The established patient follow up service is demonstrating good quality of life in patients following discharge.

What is ECMO?

Extracorporeal membrane oxygenation (ECMO) is an technique of providing both cardiac and respiratory support oxygen to patients whose heart and lungs are so severely diseased or damaged that they can no longer serve their function.

Heart Attack Centre

As part of the Heart Attack Centre, at Harefield we operate a large 24-hour primary angioplasty service, which has grown significantly over the past few years. Patients are brought to the hospital by ambulance either directly or via another hospital. For every 30-minute delay in treatment it is quoted there is a 7.5% increase in risk of death therefore time is critical. We observe the national standards for these patients on specific time measures: the time from the initial emergency call is made or the time the patient enters Harefield to the time the first interventional device is deployed e.g. a stent is inserted into the blocked coronary artery.

The table below shows the excellent outcomes we have against these measures and in fact we have the fastest treatment times in the country, this is financial year data for 2012-13.

Measure	National standard	Harefield % 2012-13	Harefield median 2012-13 (mins)
Call to intervention	<150mins for >75% of patients	90.0%	104
Arrival to intervention	<90 mins for >75% of patients	98.2%	27

I was rushed in suffering from a heart attack I was treated very quickly and by a brilliant doctor and the nurses were amazing.

The Trust continuously monitors patient outcome measures such as the developing complications following a procedure. Data is submitted on a regular basis to national audits. This also provides us with data to benchmark ourselves against other Trusts.

Congenital Heart Disease Services

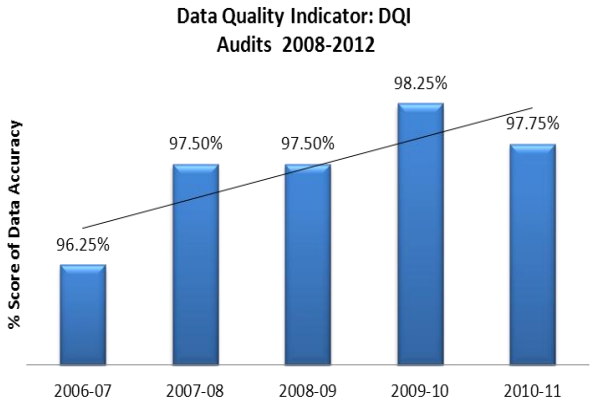
One of the continuing major challenges that faced the Trust during 2012/13 was the threat to our Children's Services posed by the review of children's congenital heart services undertaken at the request of Sir Bruce Keogh, NHS medical director. Following the decision made in 2012 to decommission children's heart surgery, the matter was referred, by the Secretary of State for Health, to the Independent Reconfiguration Panel (IRP) for review. Concurrently Save our Surgery Ltd, which supports parents using the Leeds centre (also scheduled for closure), won a judicial review action taken against the JCPCT. NHS England, as the successor body to the JCPCT, is currently seeking leave to appeal the decision made at first instance. The outcomes of both the Leeds legal action and the IRP process are currently awaited. The Trust will review its options based on the final outcome of these deliberations, but continues to believe in, and strive for, a London-wide single network solution which involves all three London centres.

In May 2012 we opened the new 4 bed sleep and ventilation unit and are now able to offer comprehensive evaluation and care for children with sleep and sleep related disorders. A large number of children will benefit from this, for example children with obstructive sleep apnoea, babies who were born prematurely who may have breathing problems when they are asleep, children with neuromuscular weakness, children with cerebral palsy, children with Down's syndrome or other inherited conditions, children with respiratory problems such as asthma, cystic fibrosis and numerous others.

The new unit means we have the ability to do far more sophisticated tests such as multiple sleep latency tests. This means we can provide more accurate information to help in the diagnosis and management of these children. Treatment can be tailored to the individual needs of each child. With this new Paediatric Sleep and Ventilation Unit we will be able to expand and improve the quality of the Royal Brompton Hospital clinical sleep service so that it compares favourably with the finest units around the world, in keeping with the Trusts' tradition of achieving excellence as a national and international referral centre. We will also be able to embark on a new programme of paediatric sleep medicine research. There are plans to foster collaborations not only with the adult sleep team here but also to build on our current ties with the top sleep centres in the world: Chicago, Brisbane and Toronto. We are developing a paediatric sleep medicine teaching programme for the trainee doctors, and organizing a National paediatric sleep medicine course.

Data quality

The Trust 2010-11 data submission to The National Institute for Cardiovascular Outcomes Research (NICOR) was audited in May 2012. The audit found a Data Quality Indicator of 97.75% and concluded that: *''On the whole the NICOR data was accurate, well documented, good quality. The centre has continued to maintain an excellent standard of data quality for the 5th successive year and although there has been a very small decrease this year (the overall score has decreased 0.5%) it is still in the 97-99% range*".



Clinical outcomes

The Trust continuously monitors patient outcomes i.e. during their recovery or before they go home. As certain outcomes are collected nationally we can see how our patients are doing compared with nationwide figures.

NICOR publishes aggregated (Surgery and Intervention) survival at 30 days figures and includes paediatric and adult congenital patients. The Trust aggregate 30 days survival

rate for 2012-13 is 99.2%. This means our results are 1.2% better than the most recently NICOR published national 30 day survival aggregate figure of 98% for the year 2011-12. Please note that the way NICOR review mortality is going to change and that data will be published on the NICOR website.

Lung division

Centre for sleep

The adult centre for sleep build project was completed at the end of March 2013. This additional capacity, which has been created in new premises in South Block, will support growth in both NHS and private practice sleep services. It will also relieve pressure on existing facilities, such as Lind Ward and the Out-patient Department.

New appointments

A new medical consultant, specialising in asthma services, has been appointed within the Division to support the growing workload of the team, as well as develop new services such as the Cough Service and Continuous Laryngoscopy during Exercise (CLE) test. This new development is the start of a plan to develop a more specialist Lung Physiology service over the next 18 months.

A new consultant appointment to the cystic fibrosis team has been agreed, and will be recruited shortly into the department. This development will support the service as its patients become increasingly complex in their care needs, as well as allowing the service to explore new ways of working alongside services local to the patient. It will also ensure that staffing levels of medical consultants meet national guidelines.

A new Higher Education Funding Council (HFCE) funded consultant post has commenced at Harefield this year, and will support the development of the Non Invasive Ventilation (NIV) service on that site. This post complements the rest of the Harefield Respiratory team, and takes forwards the development of Respiratory services at Harefield Hospital.

Adult Cystic Fibrosis Peer Review

The Adult Cystic Fibrosis service underwent Peer Review in March 2013. Initial feedback indicates that the clinical excellence of the service was recognised during the review process. Capacity restraints were also identified during the peer review process, and plans for managing these are being developed.

Fire Safety Improvement Programme

An extensive programme of Fire Safety improvements within the Fulham Road building commenced in 2012, and will continue over the next year. These improvements include changes to the fire compartmentation structures in clinical and non-clinical areas, improvements to the fire alarm system, and installing evacuation lifts within the existing list shafts.

Supporting Research

The successful generation of significant research grant income has allowed the Lung Division to extend the model of formalised backfill of consultant time to allow the busy clinical services to continue to flourish, whilst supporting the active research agenda across the Division.

Surgical oncology / thoracic surgery

The Trust is currently undergoing a London-wide review of cancer service provision. At present the Trust provides surgery for patients with lung cancer.

The Trust participated in the 2011-12 National Lung Cancer Audit, results published in December 2012 showed that we met all relevant lung cancer standards, and exceeded standards in one area – active treatment. Active treatment is the period of treatment that occurs after a diagnosis of lung cancer.

Transplant Services

During 2012-13, the number of heart transplants undertaken more than doubled compared to the two previous years. In 2010-11 and 2011-12, nine heart transplants were performed for each of those years, for 2012-13 the Trust had performed twenty heart transplants, this exceeded our own target. Clinical outcomes of the heart transplantation programme also improved. These successes have been partly facilitated by the introduction of a new organ care system for transporting hearts. The system pumps blood around the heart so that it remains beating during transport. This means that donor organs can be collected from a wider geographical area and that they arrive in better condition than when a non beating heart is transported on ice. The number of lung transplants undertaken during 2012-13 was 49; this is at a similar level to that of 2011-12, where 50 lung transplants had been undertaken.

These successes are of vital importance when seen against the backdrop of the national commissioner-driven review of cardiothoracic transplantation. This review has recommended the reduction of cardiothoracic transplant centres in England from five to four by 2015. With the best long-term survival rates, the largest survivor population, a robust surgical workforce model, a leading position in the adoption of innovative technologies and high rates of lung transplant and VAD activity, we are confident that we can continue to provide a highly valued service into the future.

The transplant service has also participated in a number of clinical trials, including one involving a new small mechanical heart assist device, and another which is investigating extension of the organ care retrieval system to transport lungs for transplant. A third trial has been investigating how the quality of lungs available for transplant can be improved by pumping a nutrient solution through them to optimise their condition prior to transplant.

Under the European Union Organ Donation Directive, from August 2012, all UK establishments conducting organ donation and transplantation activities were required to be licensed by the Human Tissue Authority (HTA). The purpose of the Directive was to set minimum standards for quality and safety of organs for transplantation across Europe, ensuring that risks to donors and recipients are minimised as far as possible. The Trust applied for a HTA licence in July 2012, including a self-report against the 27 HTA assessment criteria; the licence was granted in August with no additional conditions attached, reflecting that the Trust is meeting all requirements. The HTA carried out a successful audit of this licence in April 2013.

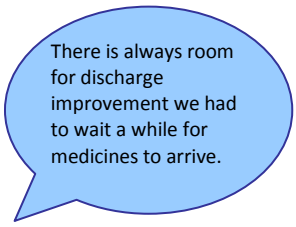
Part 2c: Improvements in response to complaints/PALS contact

What is PALS?

PALS is our Patient Advice and Liaison Service. It is a confidential service that provides support, assistance and advice to patients, families and carers. The PALS team is here to listen to your concerns and queries about your experience in the hospital and help resolve problems quickly on your behalf.

In this section of the report we tell you about other improvements we have made in 2012-13 in response to feedback or contacts made with the PALS team or in response to complaints made to the Trust. Below is a summary of improvements which have been made this year:

- The cashiers now have an email address to which patients can send their forms, receipt and letter of proof for reimbursement of fares.
- As of January there is now a salad option on the menu every evening providing inpatients with the choice of a healthy option.
- A new three week menu cycle has been introduced in Catering – giving more variation for patients staying for a long time. All soups are now vegetarian and gluten free, all sauces, curries, casseroles are dairy free and a wider range of vegetarian dishes has been introduced.
- Water jugs are changed after lunch, which means that there are fewer disturbances during the quiet time.
- Discharge letters are now produced the night before discharge, wherever possible, to reduce delays and allow patients to start the journey home earlier in the day. This is being reinforced by additional training around discharge letters for new doctors at induction.
- The vehicle used to transport patients between Fulham Rd and Sydney St at the Royal Brompton Hospital site has been changed for one that meets the mobility needs of all patients.



- Two additional Pharmacy Porters have been employed to take patient discharge medication to the wards. They do two rounds each day, one in the morning and one in the evening; prior to this new system there was only one evening round. This further reduces the waiting time for patients to be discharged.
- A service review is currently underway in Pharmacy to identify how to reduce the length of time patients wait to receive medication.
- Monitors have been purchased for use in the Outpatient Departments to let patients, and their relatives/carers know when there will be delays in seeing doctors.
- We have accommodation for the use of relatives/carers within the grounds of Harefield Hospital in Parkwood House; this accommodation is currently undergoing a refurbishment.

Part 2d: Quality priorities for improvement in 2013-14

In this part of the report, we tell you about the areas for improvement in the next year in relation to the quality of our services and how we intend to assess them. We call these our quality priorities and they fall into three areas: patient safety, patient experience and patient outcomes.

In October 2012 the Trust launched a paper and online survey to find out which topics people felt should be a priority when it comes to quality improvement in the hospitals. We wanted to have five quality priorities in 2013-14 but for these to be chosen by our stakeholders. With this in mind, we asked people voting to pick the category that best described them so we could then identify which topics mattered most to each group. The categories were as follows:

- Governors and Foundation Trust members
- Members of local involvement networks (LINks) – now known as Healthwatch
- Patients, their families/carers/advocates and the public
- Trust board members
- Staff

We had a great response to the survey with over 500 surveys returned, which culminated in the topics below being selected as the Trust's quality priorities for next year:

Respondent category	Quality priority topic 2013-14
Patient safety	
Staff	**Reduction of pressure ulcers (complications)** • Number of pressure ulcers reported as a Serious Incident • Percentage of patients risk assessed on day of admission • Overall rate of pressure ulcers compared to national rate
LINks	**Ensuring correct patient identification** • Number of patients not wearing a wristband • Percentage wearing two wristbands (best practice) • Percentage with allergy band completed correctly • Percentage of staff using correct approach to identify patients
Patient experience	
Governors and members	**Improving our safety culture** • Survey all clinical staff using the AHRQ tool • All clinical teams to demonstrate improvement in one key area (identified by initial survey)
Trust board members	**Reduction in falls** • Overall rate of falls compared to national rate • Percentage of patients risk assessed on day of admission • Review root causes for all falls reported as an incident
Patient outcomes	
Patients and the public	**Avoiding unnecessary readmissions** • Percentage of inpatients requiring emergency readmissions with 28 days • All patients readmitted back to Trust as an emergency to have clinical review of reasons for this

Further information and details on exactly what we will be measuring for each priority in 2013-14 can be found on the following page.

Patient safety

Quality priority one

Reduction of pressure ulcers

What is the aim? Pressure ulcers are a type of injury involving the breakdown of skin and underlying tissue. They are caused when an area of skin is placed under prolonged pressure, usually due to immobility. They are also sometimes known as 'bedsores' or 'pressure sores'.

Pressure ulcers are very unpleasant, upsetting and challenging to treat. Therefore, a range of techniques are used to prevent pressure ulcers developing in the first place. These include:

- regularly changing a person's position
- using equipment, such as specially designed mattresses and cushions, to protect vulnerable parts of the body

How will we measure this?

- We will measure number of serious pressure ulcers in the Trust. These must be reported to the Commissioners as a Serious Incident.
- We will collect data on the percentage of patients who are risk assessed on the day of admission as to the likelihood of developing a pressure ulcer during their stay in hospital.
- We will measure overall rate for all pressure ulcers, benchmarked against the national rate, as reported through the Safety Thermometer tool (this is also a CQUIN measure for 2013-14 – see page 30 of this report for more information on CQUINs). We will aim to remain below the national rate.
- Once we have collected baseline data around the percentage of pressure assessments, we can begin to raise awareness around the importance of completing pressure ulcer risk assessments.

Quality priority two

Ensuring correct patient identification

What is the aim? Checking patient identity prior to any intervention is routine in hospital and wearing a wristband whilst in hospital ensures staff can identify patients correctly and give the right care. However, this can only happen if a patient is wearing a wristband and the information on it is accurate. This project will build on previous work, looking at the Trust processes for patient identification, ensuring that we meet national standards and finding out whether the processes are acceptable to patients.

How will we measure this?

- We will measure the number of inpatients without a wristband.
- On the respiratory wards, patients are required to wear one accurate wristband in line with Trust policy. On all other wards we will measure the percentage of patients wearing two printed accurate wristbands.
- Where applicable, we will measure the percentage of patients with allergies wearing an accurate allergy band with allergy written in capitals in permanent marker.

- On a quarterly basis we will measure the percentage of staff who ask the patient to state their identification, not to confirm it e.g. 'what is your name', not 'are you Mrs Smith?'

Patient Experience

Quality priority three

Improving our safety culture

What is the aim? A positive safety culture has been shown to be a reliable indicator of an organisation's capacity for avoiding and managing patient safety incidents such as medication errors and patient falls, as well as an indicator of patient and staff satisfaction. Organisations with capacity to prevent, manage and learn from errors are better able to ensure the safety of their patients and staff. This project surveys staff on their beliefs about the importance of safety and the working culture in the hospital.

How will we measure this?

- We will carry out a Trust staff safety culture survey will be conducted in June 2013, with all clinical teams across the hospital included[5].
- Every area will hold a multidisciplinary feedback session, and choose a topic for improvement.
- In March 2014 all areas will be re-surveyed with the aim of demonstrating improvement against the individual topics chosen.

Quality priority four

Reduction in falls

What is the aim? People are more likely to fall in-hospital than in their own homes, as a result of being in an unfamiliar environment, and sometimes as a side effect of the treatment they are receiving.

How will we measure this?

- We will measure the overall rate of falls which cause harm, benchmarked against the national rate, as monitored through the Safety Thermometer tool. We will aim to remain below the national rate.
- We will the review the root causes for all falls occurring in hospital; and develop specific indicators to monitor improvement as a result of this work.
- We will also measure the number of patients that have had a falls risk assessment completed on admission to the Trust.

[5] The survey will be based on a survey developed and used extensively in the US. Developed by the Agency for Healthcare Research and Quality, it was referred to as an example of best practice in the Francis Report. The Trust first carried out this survey in 2011, and this will build on the learning from that project.
More details can be found here: http://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/resources/index.html

- Once we have collected baseline data around the percentage of falls risk assessments completed, we can begin to raise awareness around the importance of completing these.

Patient Outcomes

Quality priority five

Avoiding unnecessary readmissions

What is the aim? The NHS uses the number of patients who have an unnecessary readmission to hospital as a measure of the quality of care provided. The reasons for readmission can be complex and relate to the care received after patients leave hospital as well as the quality of care in hospital. However, we aim to have as few unnecessary readmissions as possible so this project will be looking at our readmission rates, identifying the reasons associated with them and taking action to prevent recurrence.

How will we measure this?

- The percentage of inpatients requiring emergency readmission to any hospital within 28 days of discharge.
- For patients readmitted to our own hospitals, follow-up on all emergency readmissions to understand the reasons for this, and whether there is anything we could have done to prevent the readmission. Ensure any improvements identified are shared across the organisation.

Part 2e: Performance against national quality indicators

Royal Brompton and Harefield NHS Foundation Trust consider this data is as described because it is data from our HES (Hospital Episode Statistics) submitted data. Due to our processes around this data, we believe the data reported back to us to be accurate. We have checked the figures (where possible) with our own internal data and we believe it to be accurate. Domains 1 & 2 are not applicable to the Trust.

Royal Brompton and Harefield NHS Foundation Trust is taking the following actions to improve these scores, and so the quality of its services by:

Patient Safety Incidents resulting in severe harm: this is being reviewed by our external auditors, as part of their review of the Quality Report 2012-13, and we will work to implement the recommendations they propose.

Please note the figures in the table below are obtained from the recommended sources and are the most up to date figures provided. Then indicators in Domains 1 and 2 are not applicable to the services provided by the Trust, and so are excluded here.

Indicator	From local Trust data		From Health and Social Care Information Centre				
	2011-12	2012-13	Most recent results for Trust	Time period for most recent Trust results	Best result nationally	Worst result nationally	National average
Domain 3: Helping people recover from episodes of ill health or following injury							
Emergency readmissions to hospital within 28 days of discharge: • % of patients aged 0-15 readmitted within 28 days • % of patients aged over 15 readmitted within 28 days	*[6]	-	 9.89% 9.39%	 2010-11 2010-11	 0% 0%	 25.80% 22.93%	 10.15% 11.42%
Domain 4: Ensuring that people have a positive experience of care							
Responsiveness to inpatients' personal needs (*Source: national NHS inpatient survey)*	74.3	77	74.3	2011-12	85.0	56.5	67.4
Percentage of staff who would recommend the provider to friends or family needing care *Source: national NHS staff survey*	92%	93%	93%	2012	96%	22%	63%
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm							
Percentage of admitted patients risk-assessed for venous thromboembolism (VTE)	96.3%	94.1%	94.3%	Q3 2012-13	99.9%	84.6%	94.2%
Rate of *clostridium difficile* (number of infections/100,000 bed days)	7.41	10.1	11.7	2011-12	0	51.6	21.8
Patient safety incidents reported to the National Reporting & Learning System • Number of patient safety incidents • Rate of patient safety incidents (number/100 admissions) • Percentage resulting in severe harm or death	 2276 6.9 0.1% (=2/2276)	 2155[7] 6.3 0.28% (=6/2155)	 - 5.2 0.1%	 - Q1+2 2012-13	 - 1.4 0%	 - 24.9 0.3%	 - ------ 0.1%

[6] Data on readmissions is not available to individual Trust, only through the national results published by the Health and Social Care Information Centre (HSCIC) However, readmissions is a Quality Priority project for 2013-14, although this will have to use a different approach which will not be comparable with the results produced by the HSCIC.

[7] This is the total number of patient safety incidents that occurred in 2012-13 that will be reported to NRLS. As at 10/05/2013, when external audit reviewed this indicator – 1439 incidents had been reported, including 3 which resulted in severe harm or death. The majority of the outstanding incidents will be submitted to NRLS by the national deadline of 31st May 2013. Any incidents which cannot be finalised by this date (because the investigation is still on-going), will still be submitted at a later date, so that they can contribute to the collective learning from incidents at a national level.

Patient safety incidents resulting in severe harm or death

This year is the first time that this indicator has been required to be included within the Quality Report alongside comparative data provided, where possible, from the Health and Social Care Information Centre. The National Reporting and Learning Service (NRLS) was established in 2003. The system enables patient safety incident reports to be submitted to a national database on a voluntary basis designed to promote learning. It is mandatory for NHS trusts in England to report all serious patient safety incidents to the Care Quality Commission as part of the Care Quality Commission registration process. To avoid duplication of reporting, all incidents resulting in death or severe harm should be reported to the NRLS who then report them to the Care Quality Commission. Although it is not mandatory, it is common practice for NHS Trusts to reports patient safety incidents under the NRLS's voluntary arrangements.

As there is not a nationally established and regulated approach to reporting and categorising patient safety incidents, different trusts choose to apply different approaches and guidance to reporting, categorisation and validation of patient safety incidents. The approach taken to determine the classification of each incident, such as those 'resulting in severe harm or death', will often rely on clinical judgement. This judgement may, acceptably, differ between professionals. In addition, the classification of the impact of an incident may be subject to a potentially lengthy investigation which may result in the classification being changed. This change may not be reported externally and the data held by a trust may not be the same as that held by the NRLS. Therefore, it may be difficult to explain the differences between the data reported by the Trusts as this may not be comparable.

Friends and family test

Improving patient experience is a key priority for the Government and is set out in the White Paper, '*Equity and Excellence*[8]. The Friends and Family (FFT) test is a simple, comparable test that shows where organisations need to improve and provides the mechanism with which to investigate and act upon where they are failing and so improve their performance.

From April 2013, the results of the FFT from all NHS organisations will be made public.

Trust performance for March 2013 was very encouraging with an overall return of 24% (this equates to 273 patients). This score exceeds the DH target return of 15%.

When asked: How likely are you to recommend Royal Brompton and Harefield wards to friends and family?

- 84% of patients said Extremely likely
- 11% said Likely
- 1.7% said Neither likely nor unlikely

When asked: Overall, how would you rate the hospital?

- 81% of patients said their care was EXCELLENT
- 16% said care was GOOD
- 0.8% said care was FAIR
- 1.3% of patients did not record their choice

We will continue to monitor this in the following year, and the results will be made public.

Patients' comments/reasons why they are "Extremely likely" to recommend our wards:

- *"Because of the efficient treatment and how I am made to feel that my health matters to the people that are looking after me"*
- *"The level of care was outstanding from stepping through the main reception until discharge. Skilled, friendly and respectful nursing/medical staff and information given regularly throughout stay"*
- *"Extremely helpful and friendly staff. Cleanest ward I have ever been on. All procedures explained clearly. Food good, and was sung to on my birthday!"*

Patients' comments when asked: What would have improved your stay?

- *"Too many nurses looking after me, not enough continuous nursing by one nurse"*
- **"***When waiting to be discharged the wait for papers was extremely too long"*
- **"***Being kept updated on waiting time. Its not about the wait so much, more about being kept informed"*

[8] Equity and Excellence: Liberating the NHS, July 2010

Part 3: Formal statements of assurance

CQC registration

Royal Brompton & Harefield NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is registered without conditions.

The CQC has not taken enforcement action against Royal Brompton & Harefield NHS Foundation Trust during 2012-13.

Royal Brompton & Harefield NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Royal Brompton Hospital was inspected by the CQC in January 2013 as part of its routine inspection programme. The CQC declared Royal Brompton Hospital compliant with all of the standards that were inspected.

Harefield Hospital was inspected by the CQC in June 2012 as part of its routine inspection programme, and the CQC declared Harefield Hospital compliant with all of the standards which were inspected.

Provision of NHS services

During 2012-13 Royal Brompton & Harefield NHS Foundation Trust provided 16 NHS services. Royal Brompton & Harefield NHS Foundation Trust has reviewed all the data available to them on the quality of care in all 16 of these NHS services.

The income generated by the NHS services reviewed in 2012-13 represents 100% of the total income generated from the provision of NHS services by Royal Brompton & Harefield NHS Foundation Trust for 2012-13.

Use of the CQUIN Payment Framework

Two and a half percent of Royal Brompton & Harefield NHS Foundation Trust income in 2012-13 was conditional on achieving quality improvement and innovation goals agreed between Royal Brompton & Harefield NHS Foundation Trust and North West London Commissioning Partnership for the provision of NHS services, through the commissioning for Quality and Innovation (CQUIN) payment framework.

What is a CQUIN measure?

CQUIN is a payment framework that enables commissioners (who pay us for providing services) to reward excellence by linking a proportion of the Trust's income to the achievement of local quality targets.

The Trust's CQUIN goals for 2012-13 were as follows:

1 Improve VTE prevention

2 Responsiveness to patient needs

3 Improve awareness and diagnosis of dementia

4 NHS safety thermometer - improve collection of data in relation to pressure ulcers, falls and urinary tract infection in those with a catheter and VTE

5 Provide real-time information to GPs

6 Use of integrated formulary

7 COPD discharge bundle

8 End of life care planning

Further details of the agreed goals for 2012-13 and for the following 12-month period are available online at:

http://www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275

The Trust has met the milestones for the first nine months of the year. If the Trust achieves 100% of CQUIN payment for 2012-13, this will equate to £4.7 million of income.

Please note: As at: 12/05/13 - achievement of CQUIN goals for January – March 2013 (quarter 4) has not yet been ratified by the commissioner.

Participation in clinical audit

During 2012-13, 22 national clinical audits and 5 confidential enquiries covered NHS services that Royal Brompton & Harefield NHS Foundation Trust provides.

The Trust participated in 95.4% of national clinical audits and 100% national confidential enquiries that it was eligible to participate in. The national clinical audits and national confidential enquiries that the Royal Brompton and Harefield NHS Foundation Trust was eligible to participate in, and for which data collection was completed during 2012-13, including actual participation rates, are listed below:

What is clinical audit?

Clinical audit is a quality improvement process that seeks to improve patient care and outcomes. This is done through a systematic review of care against specific criteria followed by implementation of change, if required.

Clinical Audit Topic[1]	Did the Trust participate?	Participation rate[2]
Children		
Paediatric pneumonia (BTS)	✓	**100%**
Paediatric asthma (BTS)	✓	**100%**
Paediatric intensive care (PICANet)	✓	**100%**
Congenital heart disease (paediatric cardiac surgery) (NICOR)	✓	**100%**
Acute care		
Emergency use of oxygen (BTS)	X	**n/a**
Adult community acquired pneumonia(BTS)	✓	**100%**
Non-invasive ventilation –adults (BTS)	X	**n/a**
Pleural procedures (BTS)	✓	**100%**
Cardiac arrest	X	**n/a**
Adult critical care (ICNARC)	✓	**100%**
Potential donor audit (NHSBT)	✓	**100%**
Long term conditions		
Chronic pain (NPA)	✓	**100%**
Bronchiectasis (BTS)	✓	**100%**
Elective procedures		
Cardiothoracic transplantation (NHSBT)	✓	**100%**
Coronary angioplasty (NICOR)	✓	**100%**
Adult cardiac surgery (NICOR)	✓	**100%**
Cardiovascular disease		
Acute Coronary Syndrome or Acute Myocardial Infarction (MINAP)	✓	**100%**
Heart failure	✓	**100%**
Cardiac arrhythmia (CRM)	✓	**100%**
Pulmonary Hypertension	✓	**100%**
Cancer		
Lung cancer (NLCA)	✓	**100%**
Blood transfusion		
Blood transfusion	✓	**100%**

[1] *list of all national clinical audits that RBHNFT was eligible to participate in*

[2] *cases submitted/number of cases required, as a percentage*

Confidential Enquiry[1]	Did trust participate?	Participation rate[2]
Asthma Deaths	✓	100%
Child Health	✓	100%
Maternal Infant and perinatal Death	✓	100%
Patient Outcome and Death	✓	100%
Elective Surgery (national PROMS programme - pilot for revascularisation)[9]	✓	100%

[1] *list of all confidential enquiries that RBHNFT was eligible to participate in*

[2] *cases submitted/number of cases required, as a percentage*

[9] As a tertiary centre specialising in heart and lung conditions, we are note eligible to participate on any of the other national PROMS programmes

The Trust was not eligible to participate in 25 national clinical audits and confidential enquires, as identified by HQIP for 2012-13. These are listed below: Adult asthma, Bowel cancer, Carotid interventions, Diabetes (adult), Diabetes(paediatric), Epilepsy 12 (childhood epilepsy), Fever in children, Fractured neck of femur, Head and neck oncology, Hip fracture, Inflammatory bowel disease, National joint registry, Neonatal intensive and special care, Parkinson's Disease, Prescribing observatory for mental health, Psychological therapies, Renal colic, Renal registry, Renal transplantation, Stroke, Trauma, Vascular Surgery, Dementia, Maternal infant and perinatal death, Suicide and homicide in mental health.

The reports of 67 national and local clinical audits were reviewed by the provider in 2012-13. Details of some of the key findings and actions taken to improve the quality of healthcare are listed below.

National clinical audits

National lung cancer audit: 2012-13 was the first year that national results were provided comparing centres against each other for four key indicators. Royal Brompton & Harefield NHS Foundation Trust was found to be equivalent to other centres for all relevant standards, and performing above the level of other trusts for 'active treatment'. This is the proportion of patients receiving active treatment, and is important as a marker of the how quickly and efficiently patients receive treatment once they are admitted to our care.

Heart Surgery: In 2012-13, the Society of Cardiothoracic Surgeons published newly analysed results for cardiac surgery comparing centres against each other for 3 key types of procedure. The results published reflect historical data for 2008-11. These results show all surgeons operating on both sites have outcomes within the expected national parameters. The results for Harefield, as a whole unit, show that it is outside of the expected range for this time period. The SCTS has modified the way this data has been analysed and we await a full explanation about the new methodology, but the Trust has carried out an in-depth review of practices and outcomes, and is confident that the Harefield unit results are not a reflection of the current service.

Local clinical audits

Patient Identification: 715 in-patients were reviewed to check that they were wearing wristbands and that these contained the correct information. This is important, as it is the primary way of identifying patients prior to treatment (especially for those who are unwell and may not be able to answer questions about their identity). Over 99% of the wristbands reviewed were printed and had accurate information. However, we did not score so highly on ensuring patients were given a wristband promptly on arrival, or that the gold standard of wearing 2 wristbands was achieved across all the clinical areas. Therefore, patient identification has been chosen as a Quality Priority project for 2013-14 – see page 24 for more information.

Hand hygiene: Hand washing by clinical staff at the correct times and in the correct way is important for minimising the spread of infection. Monthly audits are carried out, where staff are observed as they go about their activities on the wards, and are assessed against the national standards for hand washing. The Trust totals for hand hygiene and "bare below the elbows" for April 2012-March 2013 were 84% and 96% respectively.

Participation in research

As a specialist tertiary centre focussing on heart and lung disease across the whole age spectrum; staying at the forefront of research and innovation is vital to the delivery of our services and is part of the overall mission of the Trust; to
"undertake pioneering and world class research into heart and lung disease in order to develop new forms of treatment which can be applied across the NHS and beyond".

In 2012, the Trust revised and renewed its three year Research Strategy. It set out four key objectives aimed collectively at further extending and enhancing the national and international research profile of the organisation. The four research goals are:

- To support and develop research-active staff – increasing critical mass and productivity of research leaders and ensuring that all staff are appropriately trained and supported.
- To exploit opportunities to attract and retain research funding – increasing the value of research funding coming to the Trust and ensuring high quality delivery of studies, to time and on target
- To promote and increase engagement in Trust research – by raising awareness of research activities amongst all staff and patients/carers
- To provide effective and well managed research facilities, research resources and administrative support.

These objectives map onto all areas of research activity within the Trust and will be achieved by working in collaboration with partners from the academic and industry sector.

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Royal Brompton and Harefield NHS Foundation Trust during 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was 3403. These patients were recruited into over 200 clinical research projects which involved 82 different principal investigators. Of these accruals, 1815 were into NIHR portfolio studies.

In addition 1463 patients were consented to donate their tissue for retention within the Trust's ethically approved Biomedical Research Unit Biobanks during 2012/13.

Data quality

Statement on relevance of data quality and actions to improve data quality

In Royal Brompton & Harefield NHS Foundation Trust, data quality is seen as everybody's responsibility. Such an approach helps the Trust ensure that very high standards in data quality are maintained throughout the organisation.

The Trust uses the following initiatives to maintain very high quality of data and therefore a high quality service to all service users:

- Fortnightly batch tracing of service user records against Patient Demographics Service (PDS)
- Routine back office cleansing of difficult to trace records against PDS
- Prompt reporting and investigation of all data quality issues
- Regular briefing of frontline staff at team meetings
- Routine checking and updating of service user information with service users

GP Details and NHS number coding

The Trust scores are above the payment by result (PBR) targets for both NHS number (95%) and GP details (98%). Levels for both indicators are monitored retrospectively and prospectively.

Provisional data from PAS (April 2012 - March 2013)

The table reflects most recent data available from Trust PAS system. The same information should be available from SUS.

Indicator	Patient group	Trust score	Average national score
Inclusion of patient's valid NHS number	Inpatients	98.3%	98.7%
	Outpatients	99.6%	99.0%
Inclusion of patient's valid general medical practice code	Inpatients	99.9%	99.9%
	Outpatients	99.8%	99.7%

Figures for accident and emergency care are not applicable as the Trust does not provide this service.

Information governance toolkit attainment levels 2012-13

Royal Brompton & Harefield NHS Foundation Trust's Information Governance Assessment Report overall score for 2012-13 is 94%. It is graded satisfactory. In comparison with all the other London Trusts, the Trust was ranked second, the highest score was 96%.

Clinical coding error rate

Royal Brompton & Harefield NHS Foundation Trust was not subject to the Payment by Results (PbR) clinical coding audit during 2012-13 by the Audit Commission.

What is payment by results (PbR)?

PbR is a system used in England to reimburse hospitals for the care they provide. It means payments are directly related to the number of procedures and other activity undertaken.

What is the information governance toolkit?

Information governance ensures necessary safeguards for, and appropriate use of, patient and personal information. The toolkit provides NHS organisations with a set of standards against which we declare compliance annually.

Performance against key healthcare targets 2012-13

For NHS trusts there are national healthcare targets that enable the DH and other institutions to compare and benchmark trusts against each other. Trusts are required to report against the targets that are relevant to them. The table below shows the key healthcare targets that this Trust reports on a quarterly basis to the Trust board and also externally. They are from Monitor's Compliance Framework, the CQC and our commissioners.

National priority	Source	Target/ threshold	Monitor weighting	2012-13 Q1 Score	2012-13 Q2 Score	2012-13 Q3 Score	2012-13 Q4 Score	Indicator met
Clostridium difficile - DoH objective in dispute and Monitor de Minimis is 12	Compliance Framework	12	1.0	6	7	3	2	✗[10]
MRSA – maintaining the annual number of MRSA bloodstream infections at 1 or less as agreed with commissioners. Monitor de minimis is 6	Compliance Framework	6	1.0	0	0	0	1	✓
Maximum waiting time of 31 days for subsequent surgical treatment for all cancers	Compliance Framework	94%	1.0	100%	100%	98.86%	100%	✓
Maximum two-month wait from referral to treatment for all cancers	Compliance Framework	79%	1.0	90.32%	91.18%	82.35%	81.25%	✓
Maximum waiting time of two weeks from urgent GP referral to date first seen for all urgent suspect cancer referrals	Compliance Framework	93%	0.5	100%	100%	100%	100 %	N/A
Maximum waiting time of 31 days from diagnosis to treatment of all cancers	Compliance Framework	96%	0.5	98.55%	98.06%	100%	98.63%	✓
Self-certification against compliance with requirements regarding access to healthcare for people with a learning disability	Compliance Framework	-	0.5	-	-	-	-	✓
Maximum two-week wait standard for Rapid Access Chest Pain Clinics	Commissioners	98%	-	100%	100%	100%	100%	✓
All patients who have elective operations cancelled for non-clinical reasons on the day of surgery, or after admission.	Commissioners	<2%	-	1.80%	1.40%	1.40%	1.30%	✓
Delayed transfers of care to be maintained at a minimal level	Commissioners	3.50%	-	0.31%	0.19%	0.29%	0.10%	✓
Percentage of patients seen within 18 weeks for admitted and non-admitted pathways	Commissioners	Admitted: 90%	-	90.30%	90.30%	89.10%	87.50%	✗[11]
		Non-admitted: 95%		97.20%	97.50%	97.30%	97.20%	✓

The use of "–"in the table above means there was no target set or this indicator was not measured in that year

Performance against key healthcare targets 2011-12

The table below is provided to allow comparison with the results for 2013-14 (see table on page 35)

[10] The Trust is failing to meet the *Clostridium difficile* objective of 7 which had been set by the Department of Health. It should be noted that the Trust continues to dispute this objective. Overall the number of cases of Clostridium difficile occurring in patients staying at the trust is very low. The Trust is in discussion with NHS England in order to resolve the dispute.

[11] It was forecast the Trust would breach this target in the forward plan for 2012-13, initiative undertaken in 2012-13 have improved the position, and early indicators are that we will not breach in Q1 2013-14.

There is additional information about both these indicators, as well as other performance markers in the Annual Report.

National priority	Source	Target/ threshold	Monitor weighting	2011-12 Q1 Score	2011-12 Q2 Score	2011-12 Q3 Score	2011-12 Q4 Score	Indicator met
Clostridium difficile - year on year reduction to comply with the trajectory for the year agreed with Kensington & Chelsea PCT	Compliance Framework	7	1.0	3	5	2	3	✖
MRSA – maintaining the annual number of MRSA bloodstream infections at 5 or less (baseline year 2003/04) as agreed with commissioners	Compliance Framework	1	1.0	0	0	0	0	✓
Maximum waiting time of 31 days for subsequent surgical treatment for all cancers	Compliance Framework	94%	1.0	100%	100%	100%	100%	✓
Maximum two-month wait from referral to treatment for all cancers**	Compliance Framework	79%	1.0	88.46%	83.33%	80.65%	80.65%	✓
Maximum waiting time of two weeks from urgent GP referral to date first seen for all urgent suspect cancer referrals	Compliance Framework	93%	0.5	100%	100%	N/A	100%	N/A
Maximum waiting time of 31 days from diagnosis to treatment of all cancers	Compliance Framework	96%	0.5	98.60%	97.60%	97.85%	97.50%	✓
Self certification against compliance with requirements regarding access to healthcare for people with a learning disability	Compliance Framework	-	0.5	-	-	-	-	✓
Maximum two-week wait standard for Rapid Access Chest Pain Clinics	Care Quality Commission	98%	-	100%	100%	100%	100%	✓
All patients who have elective operations cancelled for non-clinical reasons on the day of surgery or after admission	Care Quality Commission	<2%	-	1.30%	1.10%	1.10%	1.30%	✓
Delayed transfers of care to be maintained at a minimal level	Care Quality Commission	-	-	0.25%	0.25%	0.27%	0.28%	✓
Percentage of patients seen within 18 weeks for admitted and non-admitted pathways	Commissioners	Admitted: 90%	-	90.7%	90.1%	91.9%	92.4%	✓
		Non-admitted: 95%		98.4%	96.8%	96.2%	98.6%	

Part 4: Statements from our stakeholders

Statements from Healthwatch (formerly known as local involvement networks)

Healthwatch Hillingdon response to Royal Brompton and Harefield NHS Foundation Trust Quality Account 2012-2013

Introduction

Although Healthwatch Hillingdon was only established under The Health and Social Care Act 2012 on 1st April 2013, it is qualified to respond to the Royal Brompton and Harefield NHS Foundation Trust (RB&H) Quality Account 2012-2013, due to the transfer from Hillingdon LINk of staff and volunteers, who have been involved in working with RB&H in this and the previous year's quality accounts program.

Healthwatch Hillingdon wish to thank RB&H for the opportunity to comment on the Trust's Quality Accounts (QA) for the year 2012-2013 and for the way in which they continued to closely involve Hillingdon LINk in the setting of their priorities.

Quality Account

Overall the Healthwatch Hillingdon patient representatives who reviewed the quality account document, found it to be user friendly and easy to read. They liked the reporting format because it offered a clear explanation about what the issue was that was being dealt with and what steps were taken by the Trust to address it. This helped the reader to understand what action was taken under each priority area. They felt that the idea of having speech bubbles containing the comments from patient surveys was good as it showed it helped to bring the data alive.

Our patient representatives who viewed the document made the following comments:

1. **Quality priority 1:** Acknowledge should be made and congratulations given to RB&H on achieving the high targets set for "patient satisfaction on advice and information on medications".

2. **Quality priority 4**: It would be useful to know the total numbers of patients who underwent revascularisation in the period of the QA monitoring, how many were sent a questionnaire and how many of these actually completed them. It would help to have the actual size of the sample for the study for the data collection to assess the extent to which this priority actually achieved better outcomes for all patients.

3. **Quality priority 5**: It would be helpful to have the targets that were set for each topic at the outset in 2012-2013 and then the rate of what had been achieved at the end of the period for comparison.

4. **Part 2b, Care group reports:** We found these reports to be too technical at times and not easy to understand, especially areas like Syncope, Adult ECMO services and cardiomyopathy, where there is no clear explanation of what these services provide.

5. **Part 2c, Improvements in response to complaints/PALS contact**: It was excellent to see this section on improvements in response to complaints/PALS contact. Feedback like this actually helps improve patient confidence and satisfaction in the Trust.

Quality Priority 2013-2014

Healthwatch Hillingdon would commend the Trust on its continued engagement with a wide range of stakeholders when setting its quality priorities.

Our patient representatives who viewed the document made the following comments:

There appears to be no specific targets listed under the priority areas. It is not clear what the benchmarks are and what targets the Trust will be working towards. Lack of specific targets will make it difficult to measure progress and what has actually been achieved. Quality Priority three –patient

experience, is a specific example of this, where there is no information to show exactly what will be achieved. The information is very broad and lacks specific indicators as to what will be done in practice to achieve and maintain quality in this area. For example, undertaking a project survey in itself will not lead to improvement in quality. How does doing a survey develop a safety culture? It would be useful to know what concrete steps will be taken under each area to improve. It was also noted that there is no information about what will be done to assess patient satisfaction in this area.

Conclusion
Healthwatch Hillingdon would conclude that again the Trust has produced a comprehensive Quality Account which demonstrates its commitment to provide high quality, patient centred care. We hope that the comments made by our patient representative will be useful for the Trust as it looks to enhance and improve its quality accounts

Trust response to Healthwatch Hillingdon

With regards to the points raised by Healthwatch Hillingdon:

- Point 2 – the numbers of questionnaires distributed to patients is now included.
- Point 3 – as the priorities that were set for 2012-13 were new priorities for the trust, data was collected in order to establish how the Trust was doing and to make improvements from that point forward, that is why some of the priorities from 2012-13 will remain as projects within the Trust during 2013-14.
- Point 4 – the quality account now includes further "What does this mean?" boxes.

Healthwatch Central West London Statement on the Royal Brompton & Harefield NHS Foundation Trust Quality Account 2012-13

Healthwatch Central West London (Healthwatch CWL) welcomes the opportunity to comment on the Royal Brompton & Harefield NHS Foundation Trust (RBHT) Quality Account (QA) 2012-13. Under the provisions of the Health and Social Care Act, Healthwatch CWL replaced the Local Involvement Networks on April 1st 2013. The work of the LINks has therefore informed the majority of this submission.

Firstly, we would like to thank RBHT for continuing to engage with us proactively over the last financial year on the PEAT assessments (2012) and the nutritional tasting sessions. Members were impressed by the overall quality of care provided. RBHT have contributed greatly to the work of our Cancer sub-group.

Healthwatch CWL welcomes the explanatory boxes for acronyms and/or jargon and this helps to contribute to the overall usability of the draft. However, on page 16, there are several small, technical graphs which are not accessible for the lay reader.

Members suggest that within 'quality priority one,' the Trust should adopt the 'My Medication Passport' developed by NWL CLAHRC[12] and ICHT to help patients keep track of their medications.

Healthwatch CWL welcomes the section on 'communication around tests' but are concerned that the graph does not show the results from quarters 2 and 3. The final two bar charts on; 'What the test involves' and 'What happens next,' would benefit explanatory detail on the decline and how the Trust will measure compliance in light of this performance.

[12] http://www.clahrc-northwestlondon.nihr.ac.uk/research-projects/bespoke-projects/my-medication-passport

Members were pleased to note their feedback from the PEAT assessments had been included in the Account and we are particularly encouraged with how the Trust is engaging on nutritional standards.

We commend your work on 'pressure ulcers.' However, there does not seem to be any target for compliance within your plans for 2013/14. A target would help the reader better understand the Trust's intent.

Healthwatch CWL would like to commend RBHT on the results of the national patient survey and since the 'Safe and sustainable' review will hope to work closely with the Trust to understand how this will impact in the coming years.

Trust response to Healthwatch Central West London

The changes suggested by Healthwatch Central West London have now been incorporated in the Quality Account, although a target has yet to be set for pressure ulcers as we are currently collecting baseline data in order to set a target.

Comments from our governors

Individual comments were received from a number of governors; all of these changes have been incorporated into this final version of the report. In addition the following general comments were made:

The quality achievements by the hospitals are impressive. I am particularly keen to see that there is a commitment to achieve a streamlined outpatient document service. This will be of great benefit to both patients and staff and will continue to put the hospitals at the forefront of delivering a high quality service.

Overall clearly and honestly presented with a good balance between figures/statistics and explanatory text.

Statement from our oversight and scrutiny committees

Statement from Royal Borough of Kensington & Chelsea oversight and scrutiny committee

The following statement was received:

The Royal Borough was not intending this year to submit a response to the specialist trusts, namely to Royal Brompton & Harefield and to Royal Marsden.

We thank you for consulting us on the Quality Account.

Statement from Hillingdon external services scrutiny committee

The External Services Scrutiny Committee welcomes the opportunity to comment on the Trust's 2012/2013 Quality Report and acknowledges the Trust's commitment to attend its meetings when requested.

The Committee has noted that the Trust has given equal prominence to quality and financial accounts. Members are pleased to note the improvements made throughout the year to increase patient satisfaction on advice and information on medications, which have increased the satisfaction rate to 100%.

The Committee has noted the commitment the Trust is giving to ensure records are secure and in order to limit risk to patients. As this is a continuing priority for 2013/2014, Members are keen that this target is met to ensure data protection is not breached and to limit overall risk.

The Committee has noted the Trust has shown an improvement in 3 out of the 5 targets through the year on communication about tests and note that ongoing work is needed on the 2 factors that showed a decline in satisfaction, which would continue into 2013/14.

The Committee has shown an interest in patient outcomes which look at the patient's health as a result of the treatment and care they received. Members are happy to learn the pilot was a success leading to the Trust participating in the full national programme. The Committee are happy to learn that engagement will continue about the development of the PROMs programme. Details of the patient survey were also welcomed by the Committee.

Measurements showed that the Trust is performing well on all 6 measures of managing complications. Members are glad to hear that this safety thermometer tool will continue to be used next year and be used as part of monitoring pressure ulcers as part of quality priorities for 2013/14 and also as a CQUIN measure.

It is noted that the Trust has formulated 5 priorities for the forthcoming year; Patient Identification; Further Developing our Safety Culture; Avoiding Unnecessary Readmissions; Falls and Reduction or Pressure Ulcers. The Committee has noted that the topics above were chosen through engagement with governors, patients, the public, members of the local involvement networks, staff and Trust Board members.

Overall, the Committee is pleased with the continued progress that the Trust has made over the last year but notes that there are a number of areas where further improvements still need to be made. We look forward to being informed of how the priorities outlined in the Quality Report are implemented over the course of 2013/14.

Statement from our commissioner – North West London Commissioning Support Unit

We would like to commend the Trust for the inclusive approach in formulating the Quality Account. The report covers all the important areas relevant to maximising patient improvement, satisfaction and involvement over the forthcoming year. We particularly note the progress made against the patient safety and medicines information priorities where improvements were seen following Trust interventions and that 100% of patients followed the care plans agreed within the MDTs and received a copy.

We are pleased that more data to substantiate practice improvements, and the monitoring and evaluation of the quality improvement priorities will be collected and that the document will have a comprehensive glossary to facilitate readers' understanding of definitions and acronyms used.

The outlined focus on the three pillars of quality will continue to support a firm foundation for the future.

We would be grateful if the Trust could check the following queries and make amendments in the report.

P16 – VTE stats different in graph on p16 compared to p28.
P16 – Increasing pressure ulcer / catheters? It would be good to have an explanation of these in the account
P35 – Delayed transfers of care to be maintained at a minimal level- think it should be a pass rather than fail so should be a tick
P35 – No mention of EMSA non compliance
P35 – No reference to action plan to resolve 18 week rtt performance at a specialty level
P35 – Mechanism to agree CDiff target not referenced just that there is a dispute

Whilst broadly supportive of the priorities identified for 2013/14, we would have expected 13/14 priorities to include C.Diff and EMSA compliance.

Trust response to our commissioner – North West London Commissioning Support Unit

- The data for the VTE graphs on p16 and the table on p28 are from different sources and are look at different elements of VTE assessment, prophylaxis and occurrence of new VTE, so the data is not comparable.
- There is now further explanation of the graphs on p16.
- P35 is now corrected, and there is further information around CDiff.

With regards to Eliminating Mixed Sex Accommodation (EMSA) non-compliance and the 18 week referral to treatment (rtt) performance these are priorities for the Trust, and are being followed up as a performance issue. Performance against these indicators has been reported in the operational performance section of the narrative section of the Annual Report 2012/13. The quality priorities are broader topics and are selected by the stakeholders.

Glossary

A	
Adult Intensive Care Unit (AICU or ICU)	A special ward for people who are in a critically ill or unstable condition and need constant medical support to keep their body functioning.
Atrial fibrillation (AF)	An abnormal heart rhythm in which the atria, or upper chambers of the heart, "quiver" chaotically and are out of sync with the ventricles, or lower chambers of the heart.
B	
Biobank	A storage facility used to archive tissue samples for use in research.
Biomedical research unit (BRU)	A nationally recognised and funded unit to provide the NHS with the support and facilities it needs for first-class research.
C	
Cancelled operations	This is a national indicator. It measures the number of elective procedures or operations which are cancelled for administrative reasons e.g. lack of time, staffing, equipment etc.
Cardiac surgery	Heart surgery.
Cardiac valve procedures	A type of heart surgery, where one or more damaged heart valves are repaired or replaced.
Cardiomyopathy	Disease of the heart muscle.
Care Quality Commission (CQC)	The independent regulator of health and social care in England. www.cqc.org.uk
Clinical audit	A quality improvement process that seeks to improve patient care and outcomes by measuring the quality of care and services against agreed standards and making improvements where necessary.
Clostridium difficile infection	A type of infection that can be fatal. There is a national indicator to measure the number of *C. difficile* infections which occur in hospital.
Commissioning for Quality and	A payment framework enabling commissioners to

Innovation (CQUIN)	reward excellence by linking a proportion of the Trust's income to the achievement of local quality improvement goals.
Compliance framework	The Compliance Framework sets out the approach Monitor uses to assess the compliance of NHS foundation trusts with their terms of authorisation and to intervene where necessary.
Coronary artery bypass graft (CABG)	A type of heart surgery where the blocked or narrowed arteries supplying the heart are replaced with veins taken from another part of the patients body.
D	
Delayed transfers of care	A national indicator. Assesses the number of patients who are delayed when being transferred from one health organisation to another e.g. from one hospital to another, or from hospital to community care.
Department of Health (DH)	The government department that provides strategic leadership to the NHS and social care organisations in England. www.dh.gov.uk
E	
Eighteen (18) week wait	A national target to ensure that no patient waits more than 18 weeks from GP referral to treatment. It is designed to improve patients' experience of the NHS, delivering quality care without unnecessary delays.
ECMO	Extracorporeal membrane oxygenation (ECMO) is an technique of providing both cardiac and respiratory support oxygen to patients whose heart and lungs are so severely diseased or damaged that they can no longer serve their function.
Elective operation/procedure	A planned operation or procedure. It is usually a lower risk procedure, as the patient and staff have time to prepare.
Emergency operation/procedure	An unplanned operation or procedure that must occur quickly as the patient is deteriorating. Usually associated with higher risk, as the patient is often acutely unwell.
EMSA	Eliminating Mixed Sex Accommodation - All providers of NHS funded care are expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient
End of life care (EOL)	Care in last 48 hours of life for expected deaths.

Expected death	An anticipated patient death caused by a known medical condition or illness.
F	
Foundation trust (FT)	NHS foundation trusts were created to devolve decision making from central government to local organisations and communities. They still provide and develop healthcare according to core NHS principles - free care, based on need and not ability to pay. Royal Brompton and Harefield became a Foundation Trust on 1st June 2009.
G	
Governors	Royal Brompton & Harefield NHS Foundation Trust has a council of governors. Most governors are elected by the Trust's members but there are also appointed governors. http://www.rbht.nhs.uk/about/our-work/foundation-trust/governors/
H	
Health protection agency (HPA)	The Health Protection Agency is an independent organisation set up to protect the public from threats to their health from infectious diseases and environmental hazards. It provides advice and information to the government, general public and health professionals. http://www.hpa.org.uk/
Hospital episode statistics (HES)	The national statistical data warehouse for the NHS in England. HES is the data source for a wide range of healthcare analysis for the NHS, government and many other organisations.
Healthwatch (Formally LINks)	Healthwatch are made up of individuals and community groups working together to improve health and social care services. http://www.healthwatch.co.uk/
Hospital standardised mortality ratio (HSMR)	A national indicator that compares the actual number of deaths against the expected number of deaths in each hospital and then compares trusts against a national average.

I	
Indicator	A measure that determines whether the goal or an element of the goal has been achieved.
Inpatient	A patient who is admitted to a ward and staying in the hospital.
Inpatient survey	An annual, national survey of the experiences of patients who have stayed in hospital. All NHS trusts are required to participate.
L	
Local clinical audit	A type of quality improvement project involving individual healthcare professionals evaluating aspects of care that they themselves have selected as being important to them and/or their team.
Local involvement networks (LINks)	Local Involvement Networks (LINks) are made up of individuals and community groups, such as faith groups and residents' associations, working together to improve health and social care services. http://www.nhs.uk/NHSEngland/links/Pages/links-make-it-happen.aspx
Liverpool care pathway	A care pathway specifically for patients who are dying.
M	
MINAP	**M**yocardial **I**schaemia **N**ational **A**udit **P**roject. A national registry of patients admitted in England and Wales who have had a heart attack or have severe angina and need urgent treatment
Monitor	The independent regulator of NHS foundation trusts. http://www.monitor-nhsft.gov.uk/
Multidisciplinary team meeting (MDT)	a meeting involving healthcare professionals with different areas of expertise to discuss and plan the care and treatment of specific patients.
multi-resistant staphylococcus aureus (MRSA)	A type of infection that can be fatal. There is a national indicator to measure the number of MRSA infections that occurs in hospitals.
N	
National clinical audit	A clinical audit that engages healthcare professionals

	across England and Wales in the systematic evaluation of their clinical practice against standards and to support and encourage improvement and deliver better outcomes in the quality of treatment and care. The priorities for national audits are set centrally by the Department of Health and all NHS trusts are expected to participate in the national audit programme
National Institute for Health and Clinical Excellence (NICE)	NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. http://www.nice.org.uk/
National patient safety agency (NPSA)	An arm's length body of the department of health that leads and contributes to improved, safe patient care by informing, supporting and influencing organisations and people working in the health sector. http://www.npsa.nhs.uk/
National quality board	A department of health board established to champion quality and ensure alignment in quality throughout the NHS.
Never events	Never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented. Trusts are required to report nationally if a never event does occur. The Trust has not reported any never events in 2011-12.
NHS institute of innovation and improvement (NHSIII)	Assists the NHS in transforming healthcare for patients by developing and spreading new work practices, technology and improved leadership.
NHS London	NHS London is the Strategic Health Authority (SHA) for the Greater London area. They provide strategic leadership for the capital's healthcare. http://www.london.nhs.uk/
NHS number	A 12 digit number that is unique to an individual, and can be used to track NHS patients between organisations and different areas of the country. Use of the NHS number should ensure continuity of care.
NICOR - National Institute for Cardiovascular Outcomes Research	NICOR is part of the Centre for Cardiovascular Preventions and Outcomes at University College London.
Northwest London Commissioning Partnership	The group responsible for commissioning the services provided by the Trust.

O	
Operating framework	An NHS-wide document outlining the business and planning arrangements for the NHS. It describes the national priorities, system levers and enablers needed to build strong foundations whilst keeping tight financial control.
Outpatient	A patient who goes to a hospital and is seen by a doctor or nurse in a clinic, but is not admitted to a ward and is not staying in the hospital.
Outpatient survey	An annual, national survey of the experiences of patients who have been an outpatient. All NHS trusts are required to participate.
Overview and scrutiny committee (OSC)	OSC looks at the work of the primary care trusts and NHS trusts and London Strategic Health Authority. It acts as a 'critical friend' by suggesting ways that health-related services might be improved. It also looks at the way the health service interacts with our social care services, the voluntary sector, independent providers and other council services to jointly provide better health services to meet the diverse needs of the area.
P	
PAR score – **P**atient **A**t **R**isk score	This is a national tool to help staff recognise and act appropriately when a patient's condition is deteriorating. Patients are scored depending on key observations such as blood pressure, pulse rate, respiratory, temperature etc. A patient with a high score may be deteriorating and should be referred for further review.
PAS – Patient Administration System	The system used across the Trust to electronically record patient information e.g. contact details, appointments, admissions.
Patient record	A single unique record containing accounts of all episodes of health care delivered to the patient at the Trust and any other relevant information.
Pressure ulcers	Sores that develop from sustained pressure on a particular point of the body. Pressure ulcers are more common in patients than in people who are fit and well, as patients are often not able to move about as normal.
Primary coronary intervention (PCI)	Often known as coronary angioplasty or simply angioplasty.

	A procedure used to treat the narrowed coronary arteries of the heart found in patients who have a heart attack or have angina.
Priorities for improvement	There is a national requirement for trusts to select three to five priorities for quality improvement each year. This must reflect the three key areas of patient safety, patient experience and patient outcomes.
Q	
Quality and risk profile (QRP)	A tool used by the CQC to monitor compliance with the essential standards of quality and safety. They help in assessing where risks lie and play a key role in providers' own internal monitoring as well as informing the commissioning of services. The QRP includes data from a number of sources which is analysed to identify areas of potential non compliance.
R	
Re-admissions	A national indicator. Assesses the number of patients who have to go back to hospital within 30 days of discharge.
RTT	Referral to treatment.
S	
Safeguarding	Safeguarding is a new term which is broader than 'child protection' as it also includes prevention. It is also applied to vulnerable adults.
Safety Thermometer	The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care. http://www.hscic.gov.uk/thermometer
Secondary uses service (SUS)	A national NHS database of activity in trusts, used for performance monitoring, reconciliation and payments.
Serious Incidents	An incident requiring investigation that results in one of the following: • Unexpected or avoidable death • Serious harm • Prevents an organisation's ability to continue to deliver healthcare services • Allegations of abuse • Adverse media coverage or public concern • Never events
Surgical Site Infection	An infection that develops in a wound created by having

	an operation.
Single sex accommodation	A national indicator which monitors whether ward accommodation has been segregated by gender.
Sleep apnoea	A sleep disorder characterised by abnormal pauses in breathing or instances of abnormally low breathing, during sleep.
Society of Cardiothoracic Surgeons (SCTS)	http://www.scts.org/
Standard contract	The annual contract between commissioners and the Trust. The contract supports the NHS Operating Framework.
Summary Care Record (SCR)	A summary of a patient's key health information that will be available to anyone treating them in the NHS across England.
Surgical Site Infection Surveillance Service (SSISS)	A national scheme whereby trusts must collect and analyse data on Surgical Site Infections (SSI) using standardised methods. It provides national data that can be used as a benchmark allowing individual hospitals to compare their rates of SSI with collective data from all hospitals participating in the service.
Syncope	Fainting (syncope) is caused by a temporary reduction in blood flow to the brain.
V	
Venous thromboembolism (VTE)	An umbrella term to describe venous thrombus and pulmonary embolism. Venous thrombus is a blood clot in a vein (often leg or pelvis) and a pulmonary embolism is a blood clot in the lung. There is a national indicator to monitor the number of patients admitted to hospital who have had an assessment made of the risk of their developing a VTE.